



ONE NORTH CAPITOL, SUITE 001 ▲ INDIANAPOLIS, IN 46204 ▲ WWW.INPRS.IN.GOV

CONFIRMATION OF FULL TIME STUDENT STATUS

Student name: _____

SSN: XXX-XX-_____

Pension ID: _____

The above named student is enrolled at _____
(name of educational institution)

for the _____ semester of _____ as a full time, matriculated student.
(spring, fall) (year)

START DATE OF SEMESTER: _____

END DATE OF SEMESTER: _____

Signature of Registrar/Principal

Date

Phone number

Please return this form to:

Attn: 1977 Police and Fire Pension Fund
Indiana Public Retirement System
One North Capitol, Suite 001
Indianapolis, IN 46204

Or fax to: (866) 591-9441